

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34046

State File No.

Registrar's No. 64

FILED NOV 10 1943 27

Registration District No. 27

Primary Registration District No. 3005

1. PLACE OF DEATH

(a) County Bates
(b) City or town Bethu
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS ALBERT FRAZEE

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race o 6. (a) Single, widowed, married, 2 divorced, widow

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 13 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 14 Days hr. min.

9. Birthplace Urbana Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired farm

11. Industry or business

12. Name Eloha Fryer

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Ann Linn

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Johnson

(b) Address Bethu Mo

17. (a) Burns (b) Date thereof Oct 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation home

18. (a) Signature of funeral director Pauline Crompton

(b) Address Bethu Mo

19. (a) Oct 28, 1943 (b) Pauline Crompton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Bethu
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10- day 27
year 1943 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Oct 15 1943 to Oct 27 1943
that I last saw her alive on Oct 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93e1

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature L.D. Lott (M. D. or other) med
Address Bethu Mo Date signed Oct 28-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

District Health Officer No. 71

District File Number 10-43-1213

Date Filed 11-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. E. Culver

Licensed Embalmer No. 2576

P. O. Address.....

Butte Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.